



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License "Other" Exemption

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form **DOES NOT** relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

1. This form is for a business that is not a sole proprietor, partnership or that is not required to organize pursuant to Title 7 of Nevada Revised Statutes and claims an exemption for the State Business License provisions of NRS 76.020.

2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 enter the applicable code in Section 4:

001 - A governmental entity

002 - 501(c) Nonprofit Entity

005 - A business whose primary purpose is to create or produce motion pictures

006 - Insurance company doing business pursuant to NRS 680B.020 that does not conduct any business that is not incidental to Title 57 (Div. of Ins. Authority).

3. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.

4. The person claiming exemption from the State Business License requirement must sign the application. **FORM WILL BE RETURNED IF UNSIGNED.**

1*	Signature must be that of a responsible party. I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. I declare that I am exempt from the provisions of the State Business License pursuant to NRS 76.020.				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle (Optional)	Last Name	Suffix	Title
	X _____		<input type="text"/>		
	Signature of Responsible Party		Date		
2	NV Business ID # <input type="text"/> (Required if you have a current Nevada State Business License or had one issued after October 1, 2009)				
3*	Entity Name <input type="text"/>				
4*	I am exempt from the requirements of the State Business License. Cite exemption code <input type="text"/> (See instructions for code)				
5*	Physical Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Physical Street Address		City	State	Zip Code
6	Mailing Address (if different) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	PO Box or Street Address		City	State	Zip Code
7	Entity Phone (<input type="text"/>) <input type="text"/>				
8	Email Address <input type="text"/> <input type="checkbox"/> Check here to receive notices electronically				



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ePayment Checklist (For Counter, Fax and Mail Requests)

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Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested:

(Expedite Processing Requires Additional Fees)

☐ Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite

Payment by Card (card holder name and billing address required below)

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number:

V CODE*

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* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD \$

Order Information (required)

Entity Name/Order Reference:

Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD \$